FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 21 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

29101

State File No.

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 279

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Cape Girardeau (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution One Week (Specify whether
In this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cape Girardeau
(c) City or town Jackson (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary Kathleen Schaper
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased September (Month) 11 (Day) 1947 (Year)

8. AGE: Years 1 Months 0 Days 2 If less than one day hr. min.

9. Birthplace Cape Girardeau Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Child
11. Industry or business

FATHER
12. Name Carl H. Schaper
13. Birthplace Gordonville Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Bernice Auldenburg
15. Birthplace R.F.D. Jackson Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Carl H. Schaper
(b) Address Jackson Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/14/48 (Month) (Day) (Year)
(c) Place: burial or cremation Russell Heights
18. (a) Signature of funeral director McCombs Funeral Co
(b) Address Jackson Mo
19. (a) 9-14-48 (Date received local registrar) (b) C. C. Summers (Registrar's signature) 44

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 13th year 1948 hour 10 am minute M.

21. I hereby certify that I attended the deceased from 9/6/48, 19, to 13 Sept 1948 that I last saw her alive on 13 Sept 1948, 19; and that death occurred on the date and hour stated above.

Immediate cause of death: Intestinal Obstruction, recurrent — Duration 10 days
Due to Chronic adhesive peritonitis
Due to Previous surgery + Congenital malrotation of colon
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations as above
Of autopsy 122B

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work (e) Means of injury

23. Signature H. Prolinger (M. D. ~~or other~~)
Address Jackson, Mo Date signed 13 Sept. 1948

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

[illegible] Health Officer No. 4

District File Number 948-1187

Date Filed 9-20-48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Registered Apprentice No. _____, working under my personal supervision.

Signed B A Meyer

Licensed Embalmer No. 3057

P. O. Address Jackson Mich

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.